Improving Quality [in Managed Care]: Opportunities and Challenges

Elizabeth A. McGlynn, Ph.D.

Secretaries' Roundtable on Health Care Quality

June 1, 2006

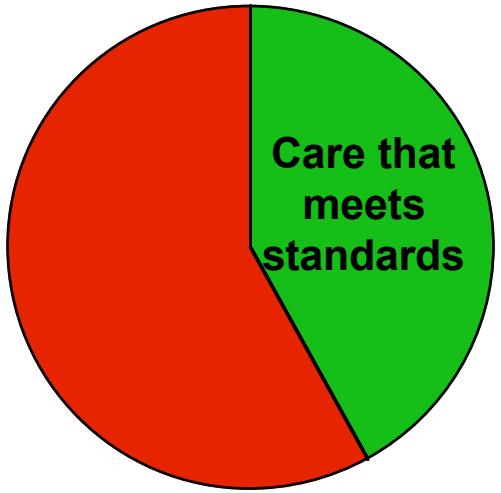
Opportunities

- **Substantial gap exists between excellent care and what is currently delivered**
- **Deficits are widespread and affect everyone**
- **Managed care offers an organized system within which to address the problems**

Gaps Exist in Quality for Adults, Children, and Adolescents

Adults

Children & Adolescents

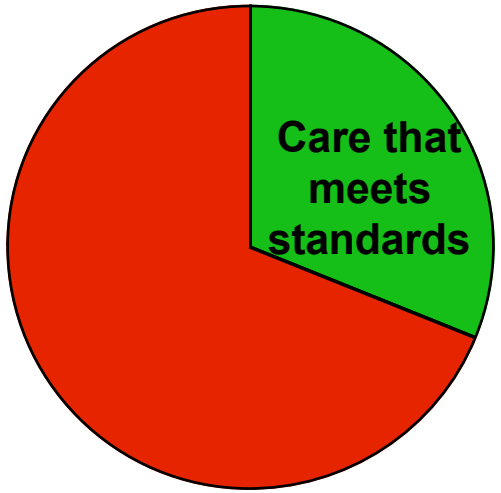


McGlynn et al 2003;
Mangione-Smith et al, in preparation

Care for Geriatric Conditions Is Poorer Than Care for General Medical Conditions

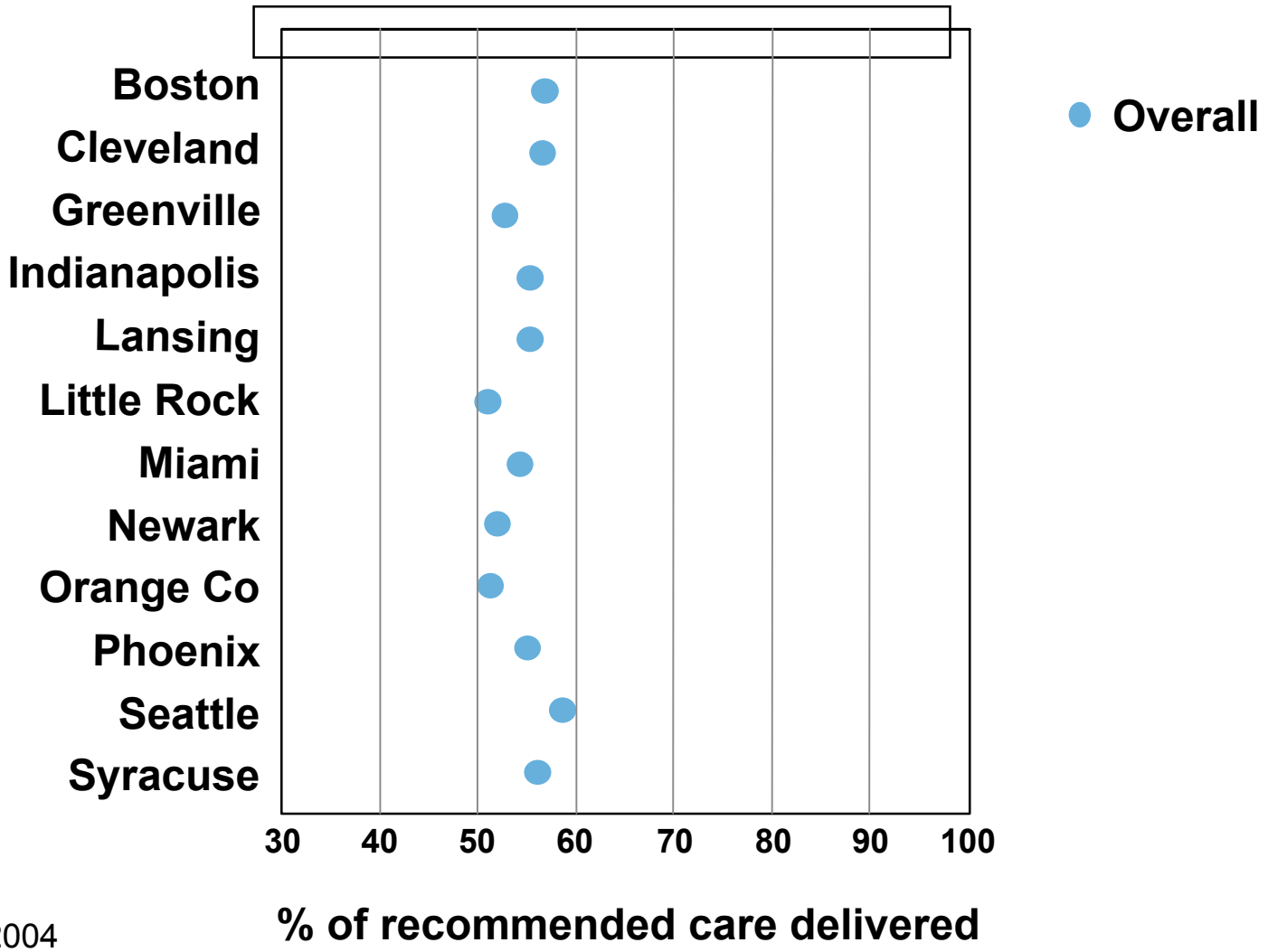
Medical conditions

Geriatric conditions



Wenger et al. (2003)

And You Aren't Safe Anywhere…



Kerr et al., 2004

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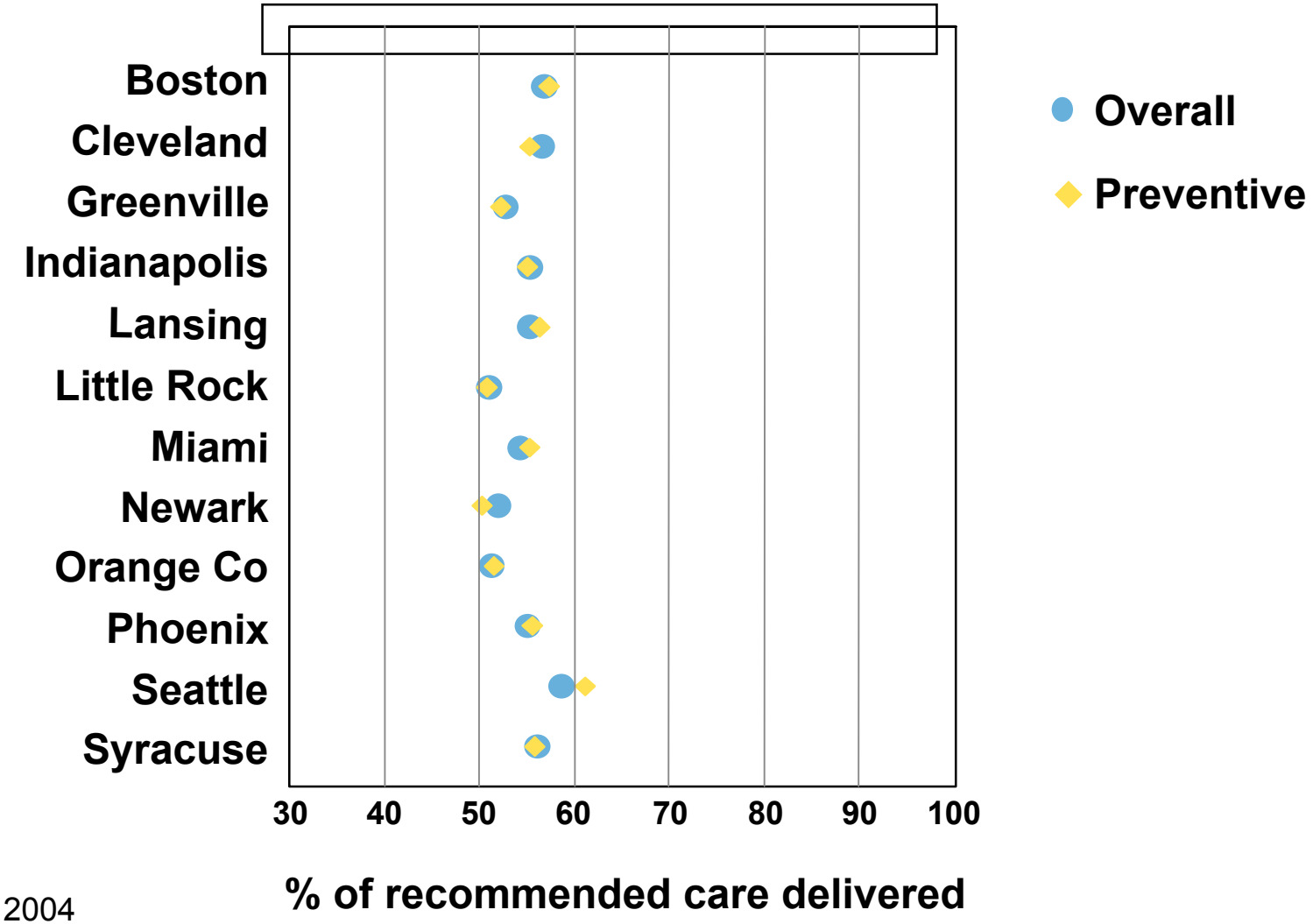

Kerr et al., 2004

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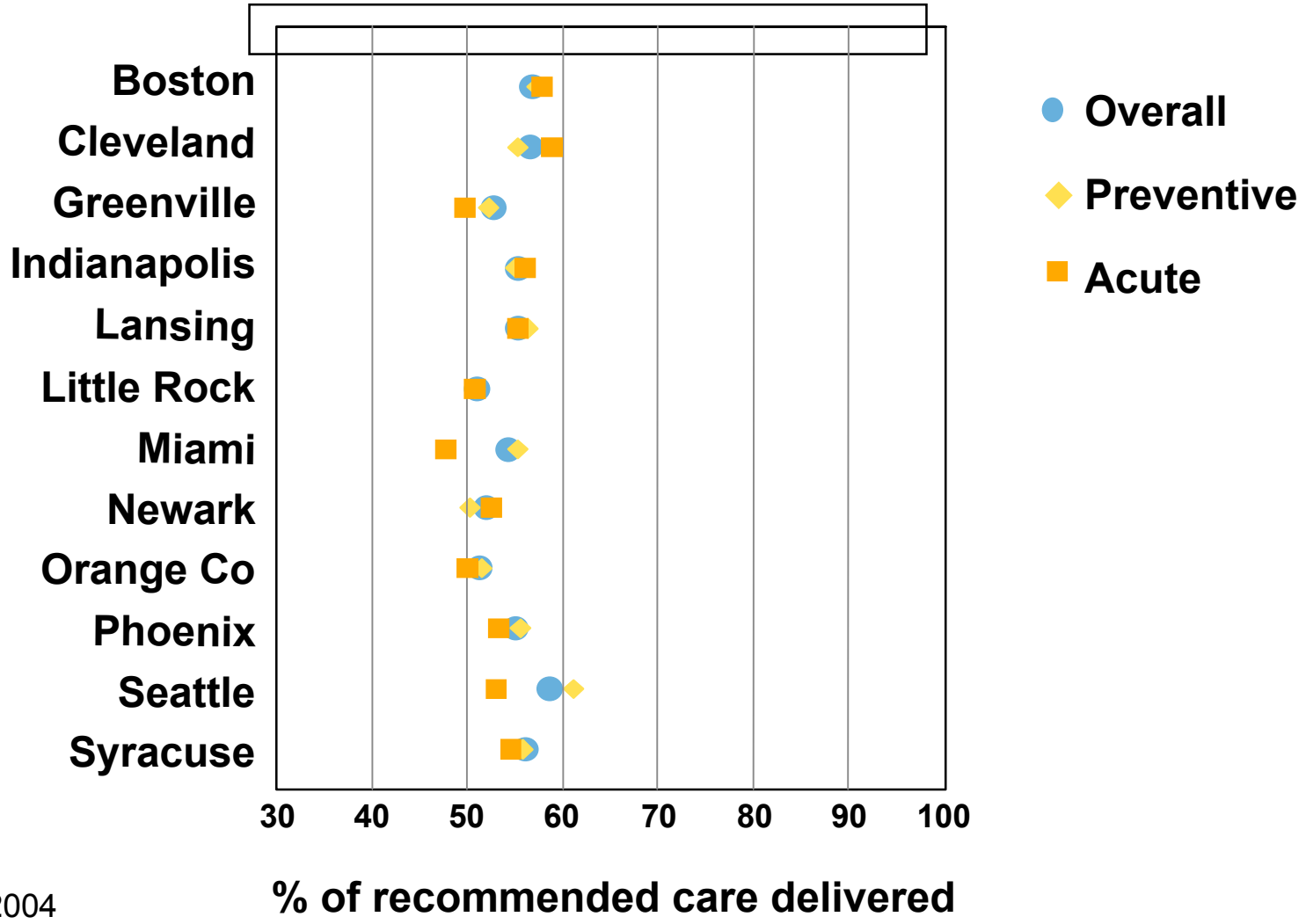

Kerr et al., 2004

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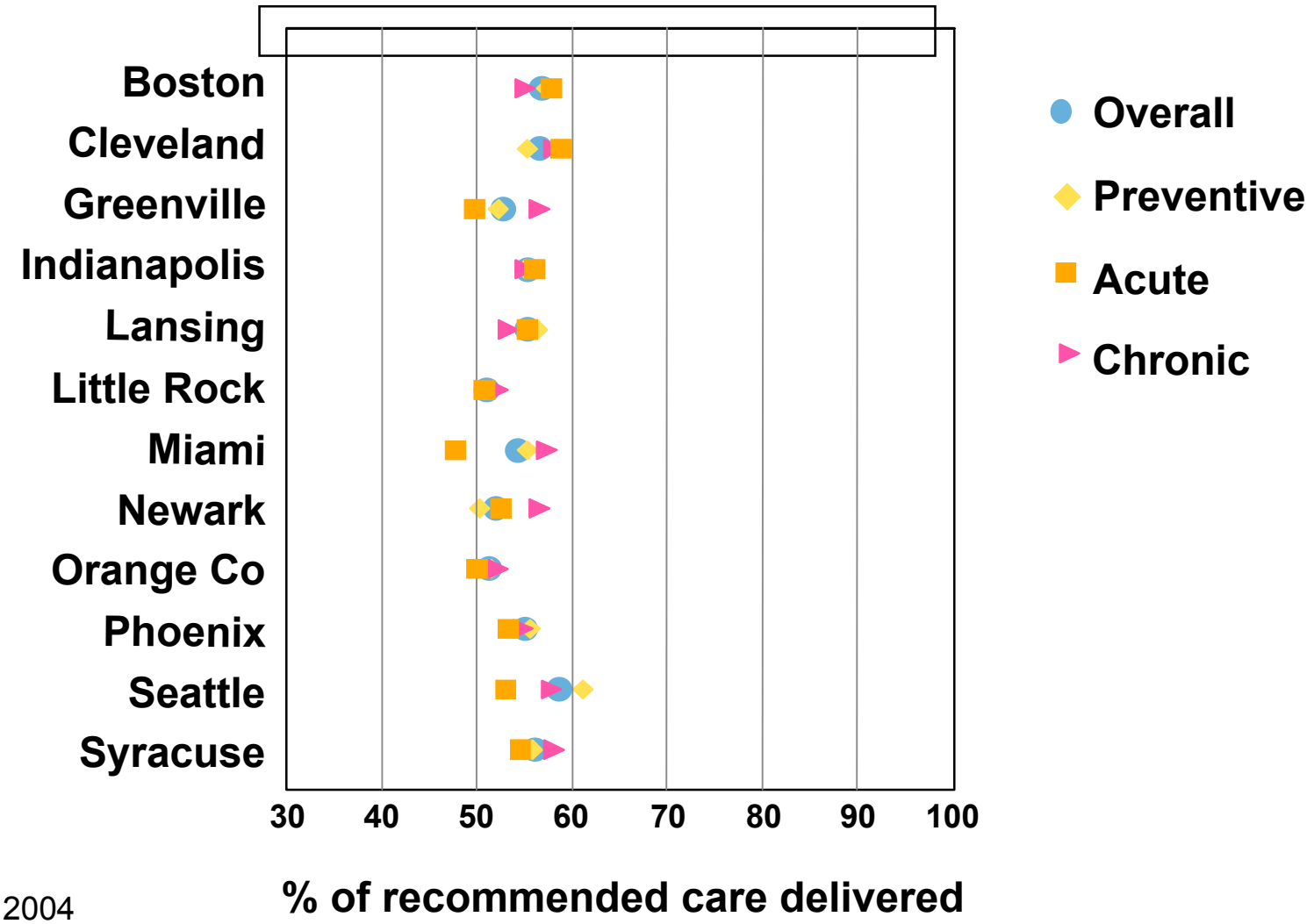
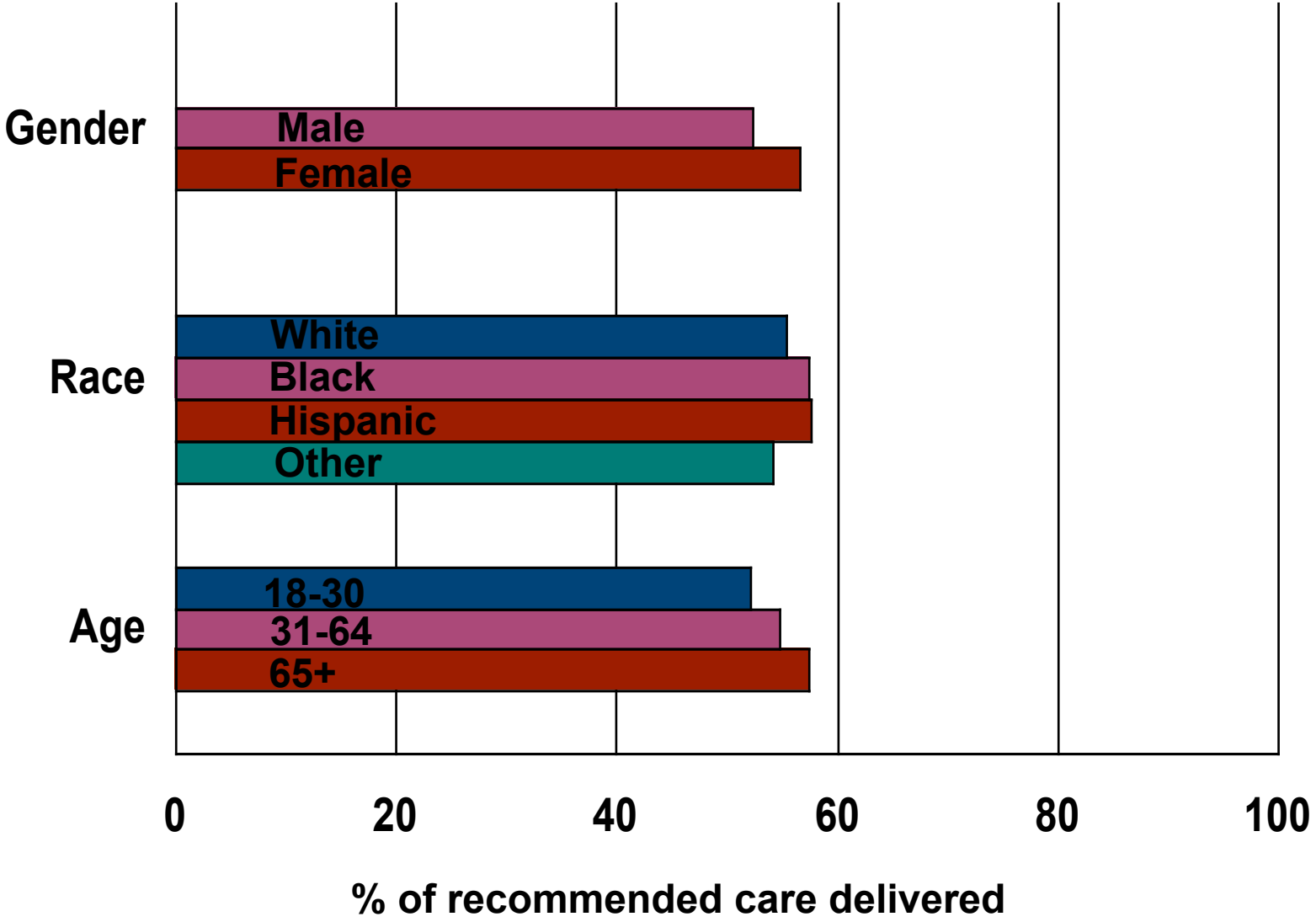
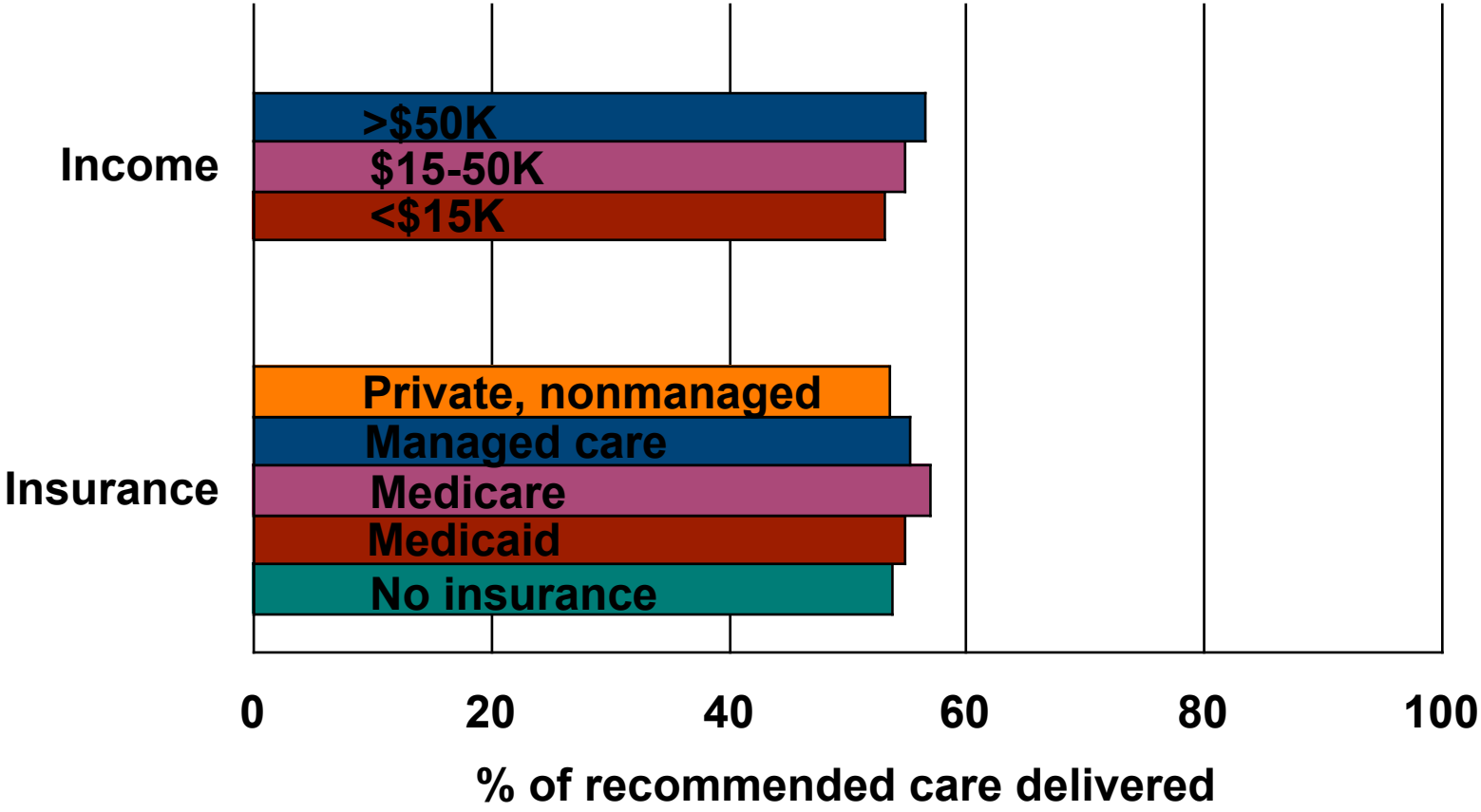


Kerr et al., 2004

No One Is Immune From Quality Deficits



Money Doesn't Buy Quality



Challenges

- **The number and content of measures**
- **The level at which quality is measured**
- **The source(s) of data**
- **The scoring approaches**
- **Multi-faceted solutions will be necessary**

The Number & Content of Measures

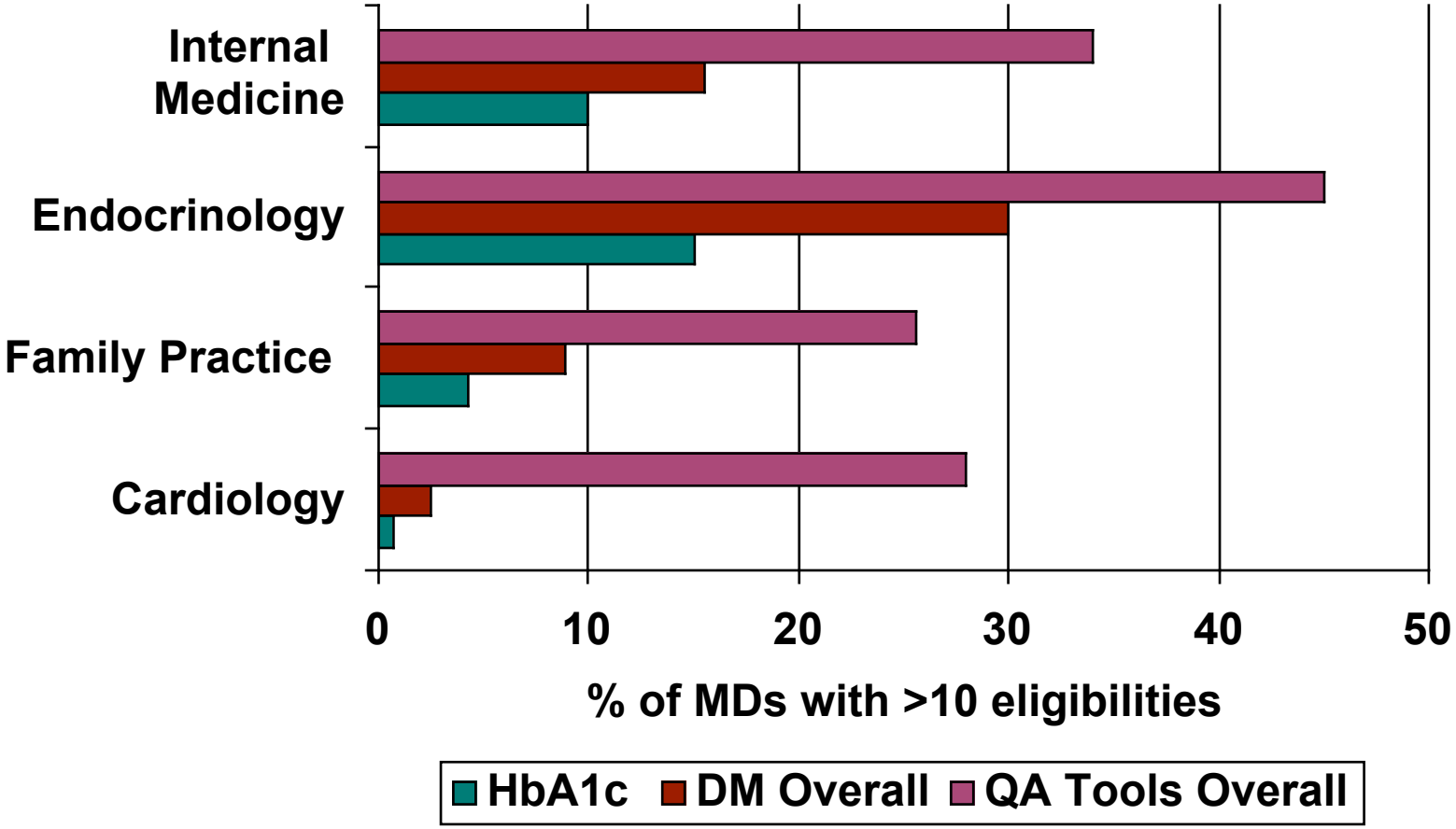
Current Approaches to Quality Measurement

- "Leading indicators"
  - One measure at a time
- Condition-specific aggregates/composites
  - Multiple measures on the same population with the same health problem
- Comprehensive cross-condition measures
  - Patient as the unit of analysis

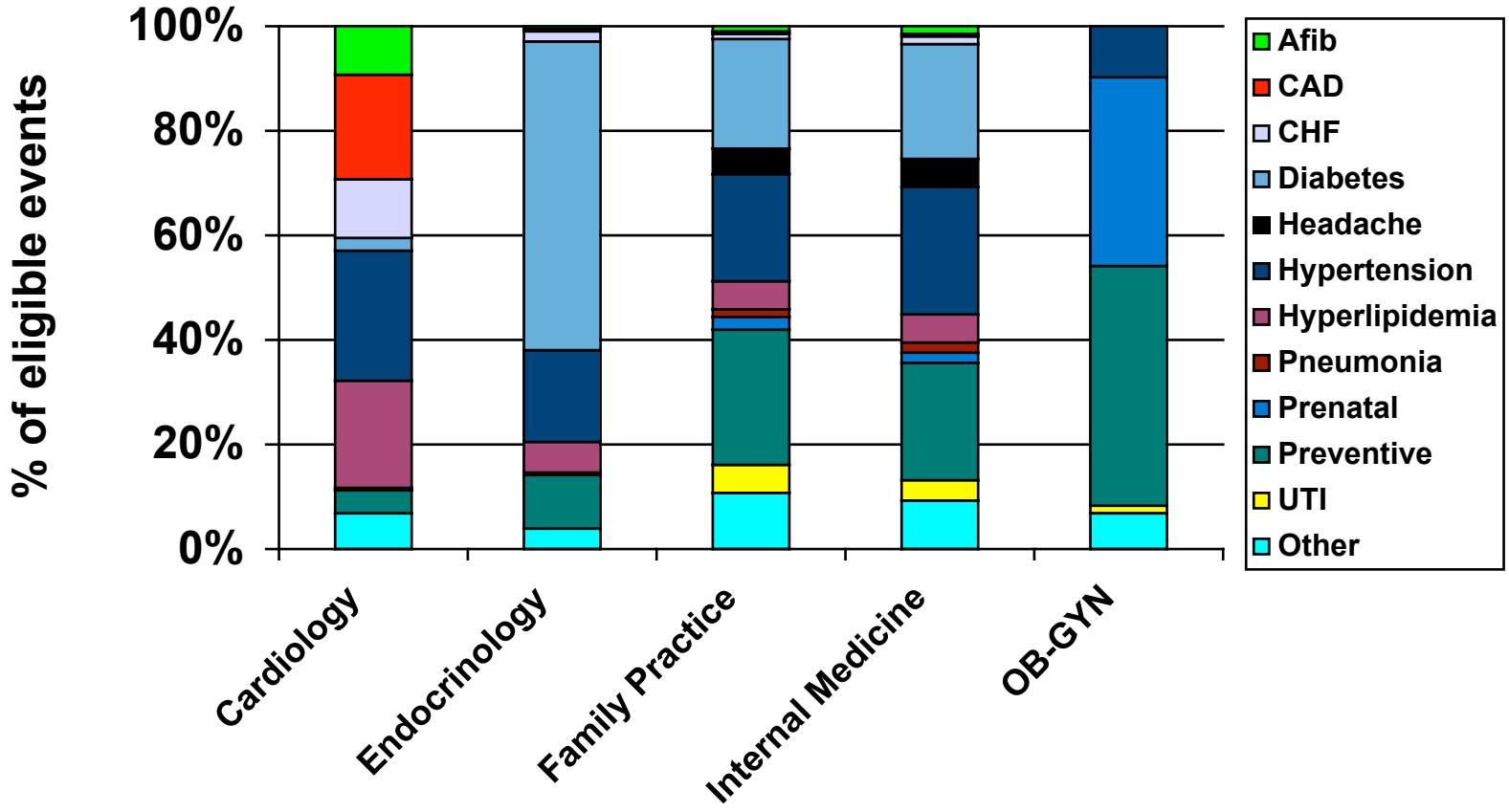
Examples of Where These Approaches Are Currently Used

Approach	Use
Leading indicators	Pay for performance Public reporting Tiered networks
Disease composites	Recognition programs Maintenance of certification
Comprehensive aggregates	Not in widespread use

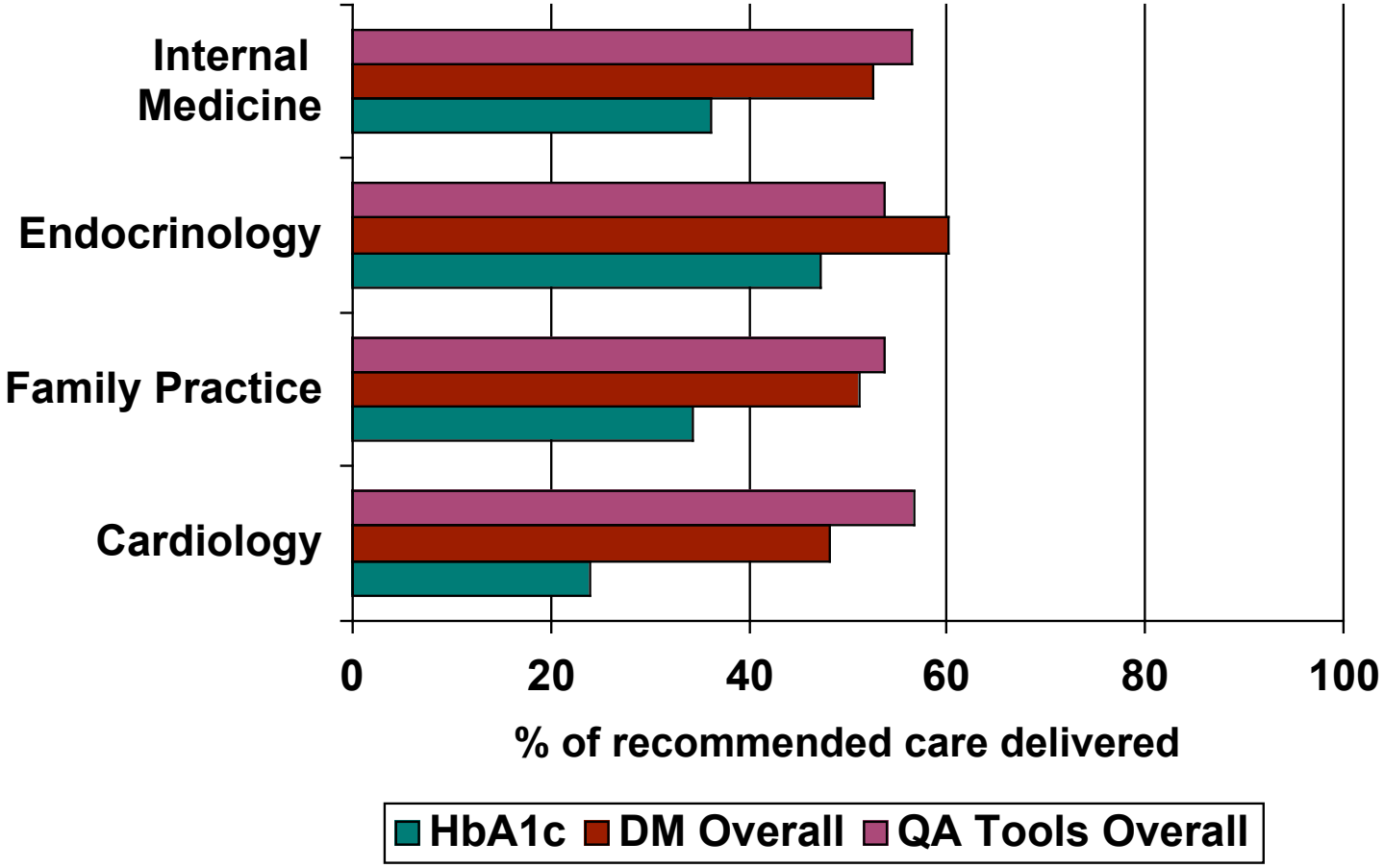
Few Physicians Can Be Evaluated Using Single Indicators from One Payer



A Market Basket of Indicators May Be Necessary to Reflect the Variety of Practice



What You Measure May Affect the Conclusions You Draw



The Data Source(s)

Data Sources for Measuring Quality

- **Available sources include:**
  - **Administrative (claims) data**
  - **Manual abstraction of medical records**
  - **Surveys of patients**
  - **Inspection of office practice**
  - **Extraction of data from electronic medical records**
  - **Board certification/Maintenance of certification**
- **Each of these sources has strengths and weaknesses**
- **No single source is adequate to address all questions**

Most Existing Approaches to Measuring Performance Use Claims Data

- **Data are readily available and impose less burden on providers**
- **But they have some significant problems**
  - **Generally available one payer at a time**
  - **Information availability driven by the benefit package and the ways coding systems are used**
  - **Some confounding of practice patterns with patient behavior**
- **Pressure to deliver answers driving widespread use of these methods**

The Scoring Approaches

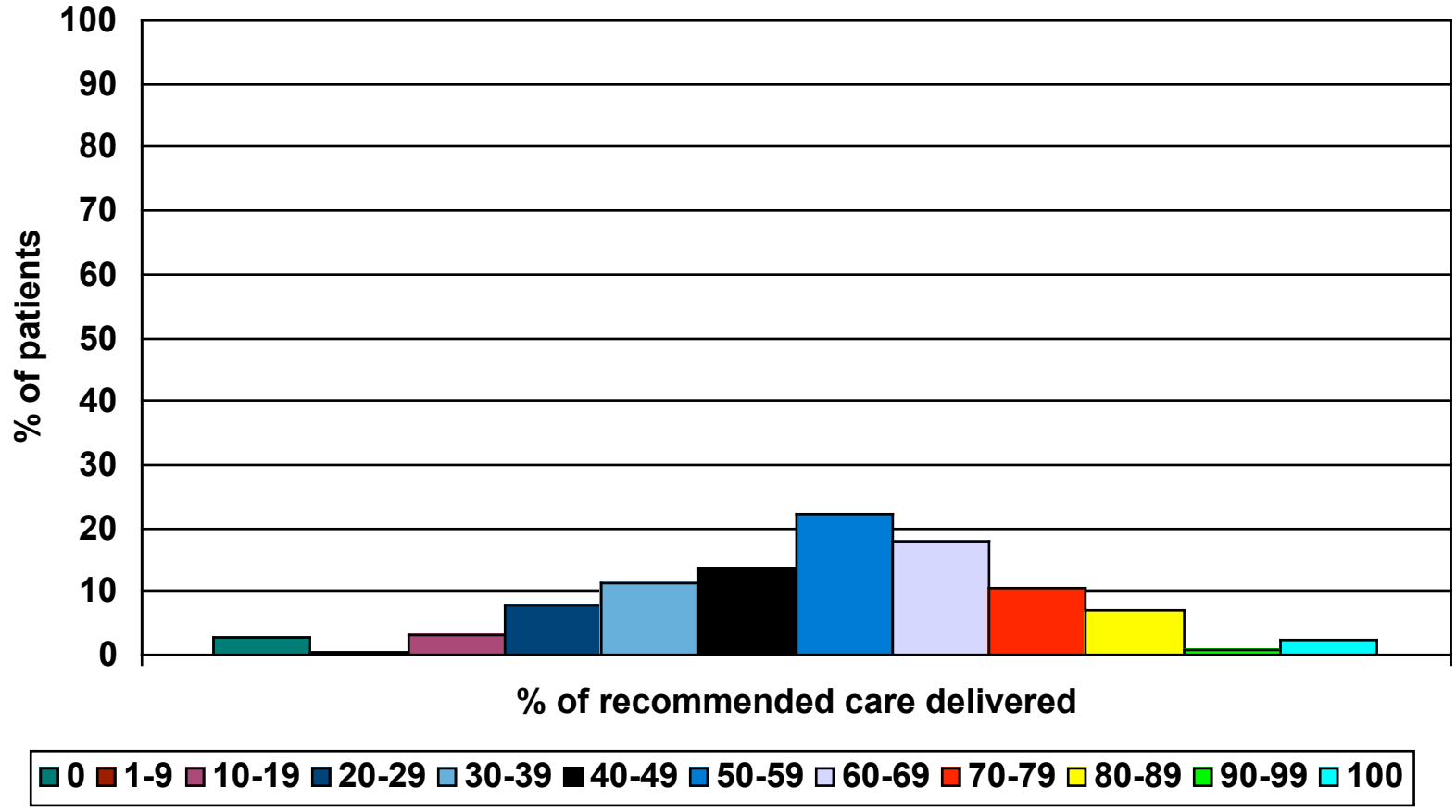
The Components of Reliability

- **Right patient**
- **Right care**
- **Right time**
- **Every time**
- **No matter what**

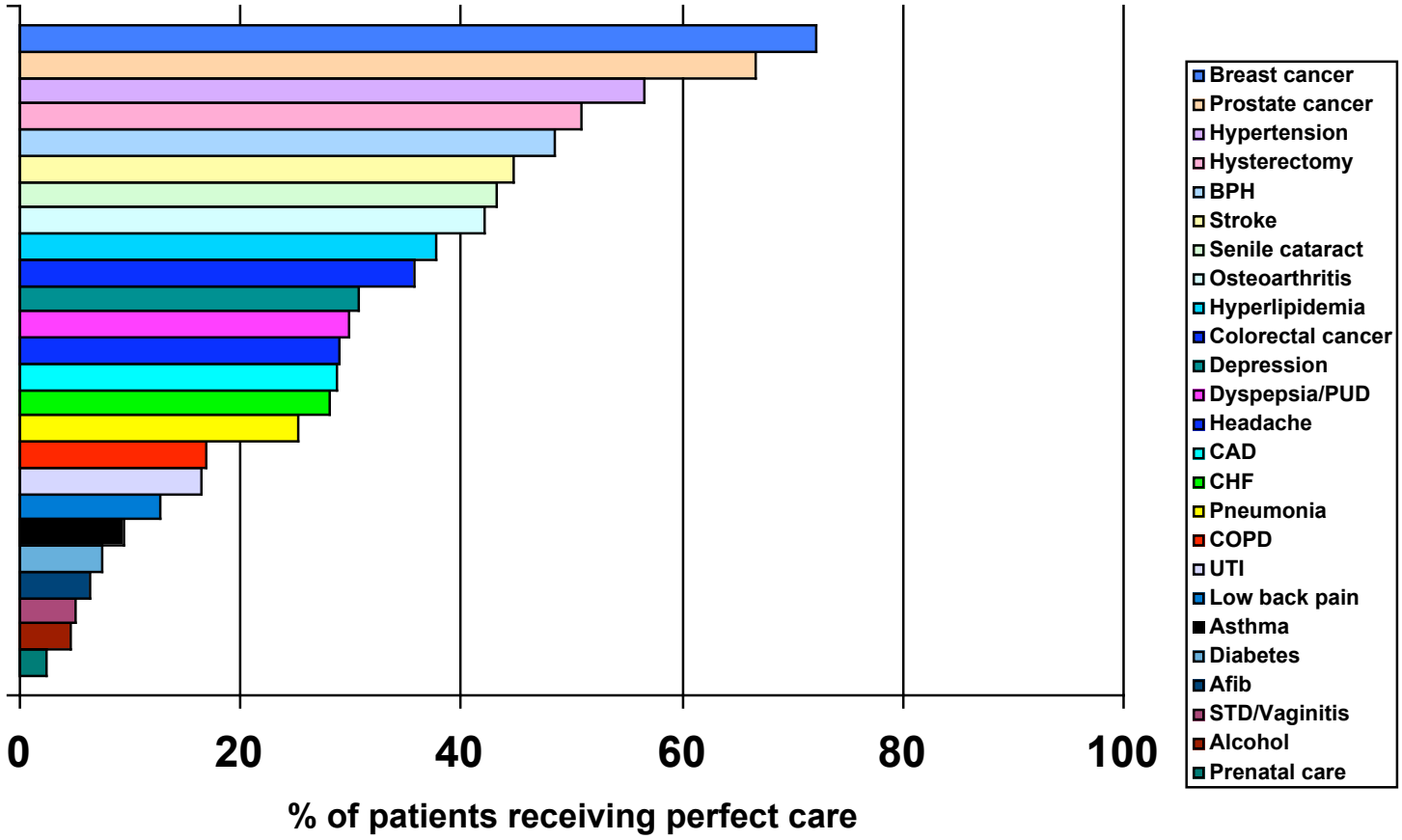
Why Is Perfect Important?

.85 x .85 x .85 x .85 = .52

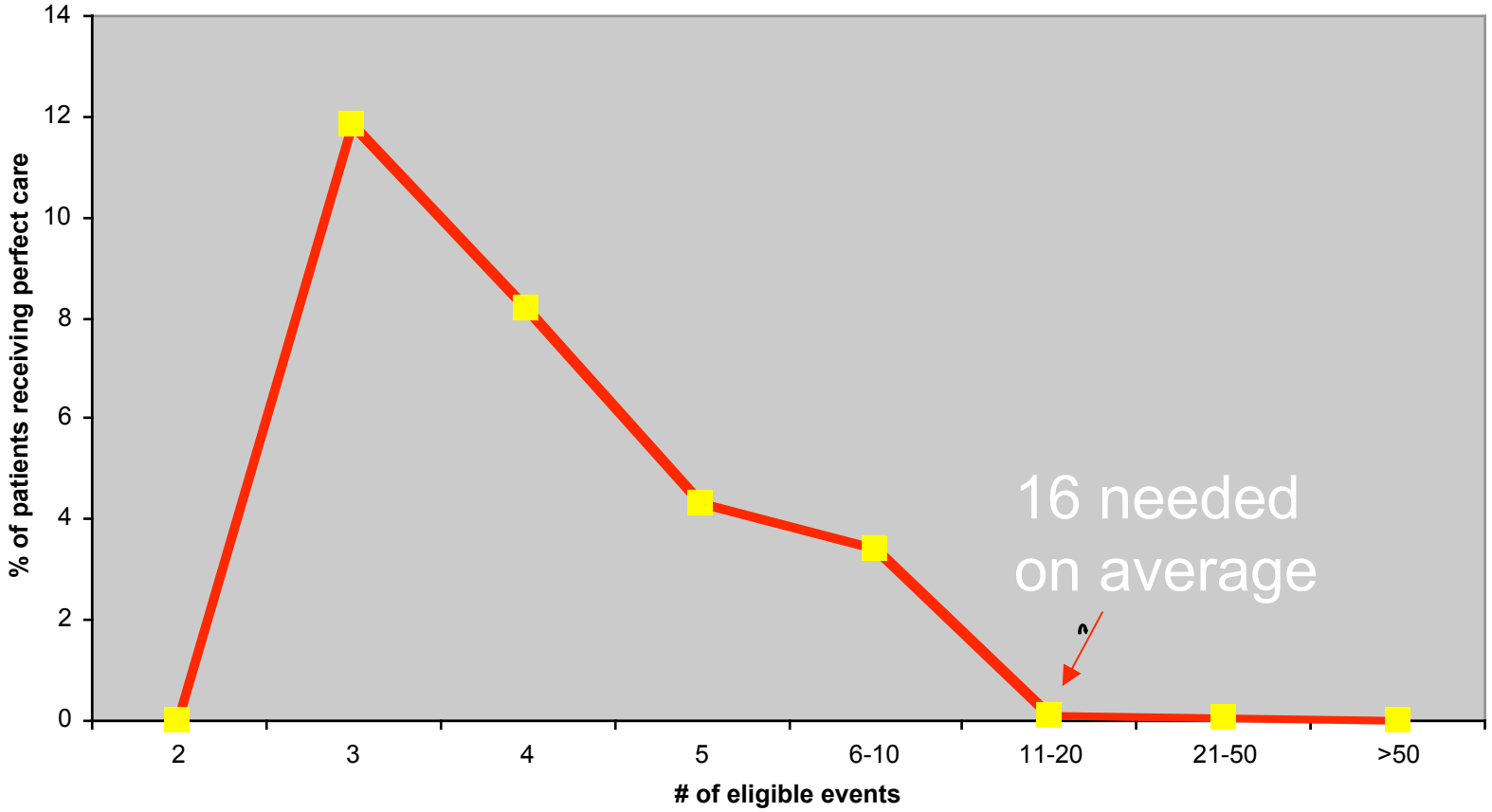
Perfect Care Delivered to Just 2.5% of Patients



Few Patients Receive Perfect Care For The Leading Causes of Death & Disability



Half as Many Patients Receive Perfect Care When Needing 5 vs. 3 Process Elements

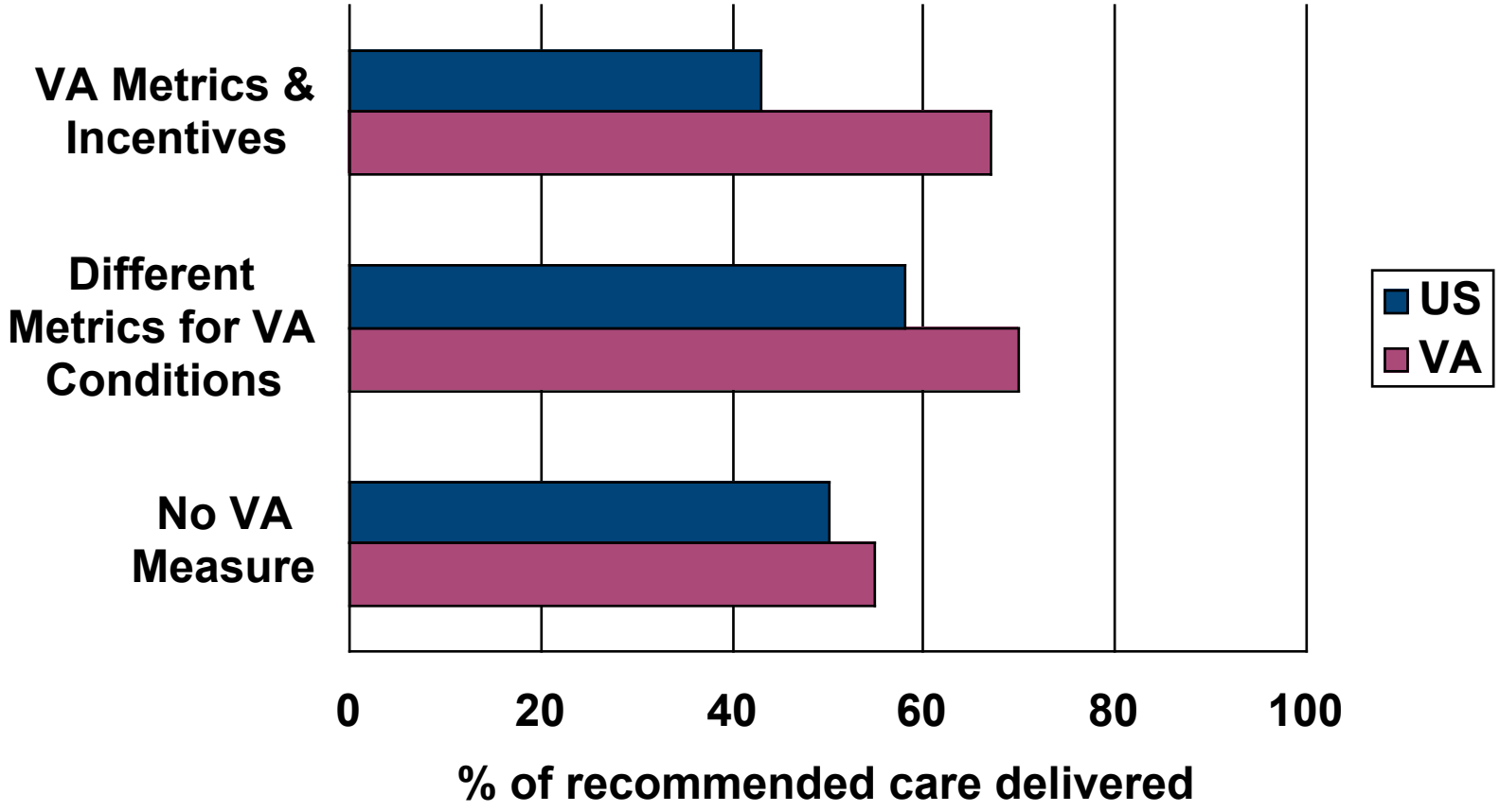


Multi-Faceted Approaches Needed

Care Delivered in the VA More Frequently Meets Quality Standards

Asch et al, 2004

Greatest Differences Found in Metrics & Conditions Included in VA System



Asch et al., 2004

Concluding Thoughts

- **We know remarkably little about the content of care delivery across the entire health care system**
- **Until we have adequate data and decision support tools all improvements will be marginal**
- **It is time to stop trying to make do and commit to investing in:**
  - **Information systems**
  - **Decision support tools**
  - **Patient education**
  - **Provider education**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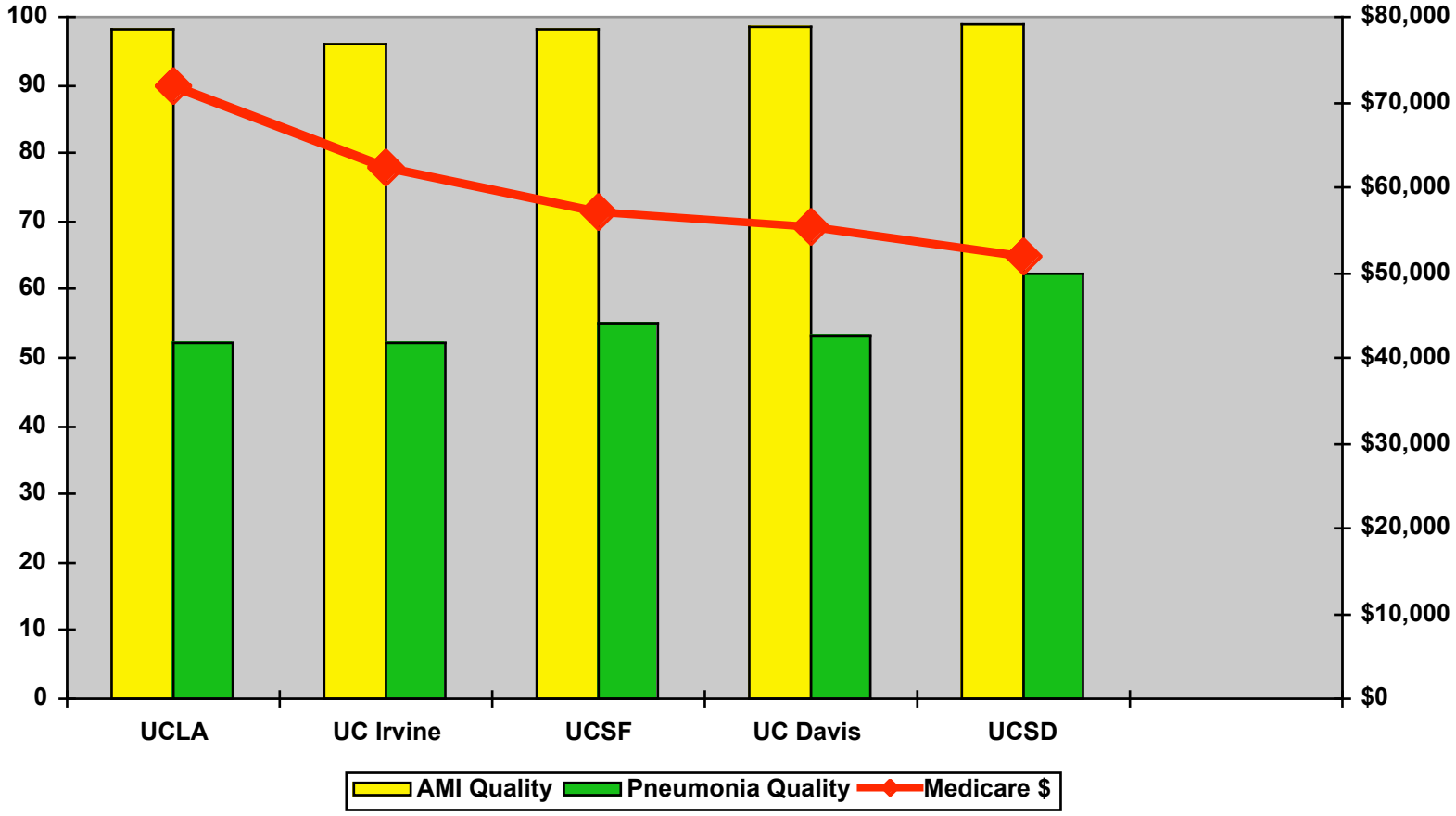
Measuring Efficiency

- **Widespread belief that substantial waste exists in the health care system**
- **This has stimulated efforts to identify providers who appear to deliver care more efficiently**
  - **Most metrics examine relative resource use**
  - **New label for what was previously called physician profiling**
  - **Methodological advances include methods to create relatively homogenous episodes of care**
  - **Considerable work remains to be done to interpret results**

No Relationship Between Spending and Quality for Heart Attacks & Pneumonia



Wennberg et al, *Health Affairs,* 2005

The Medical Practice Pattern Tool™:

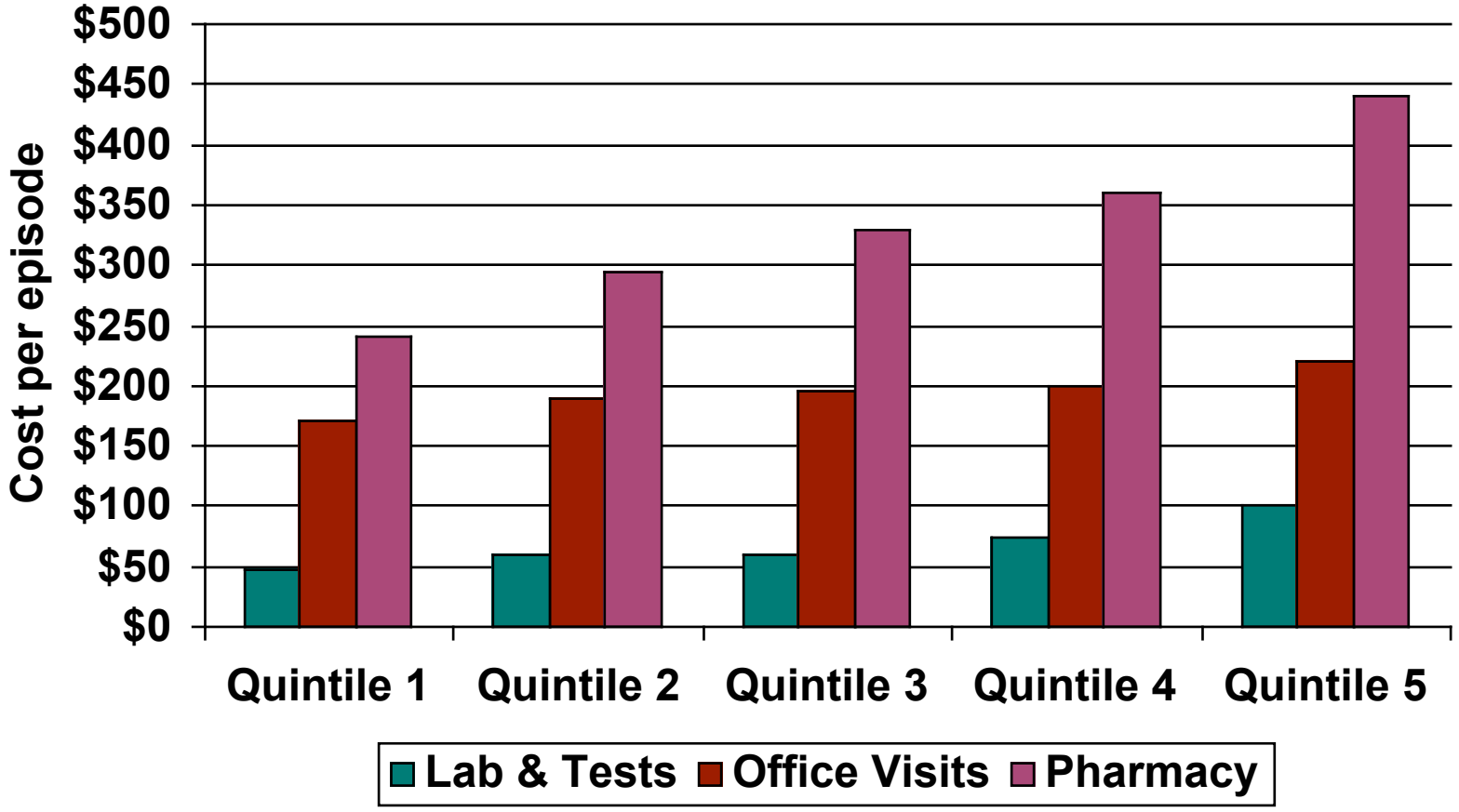
A new way of analyzing medical care

Focused Medical Analytics

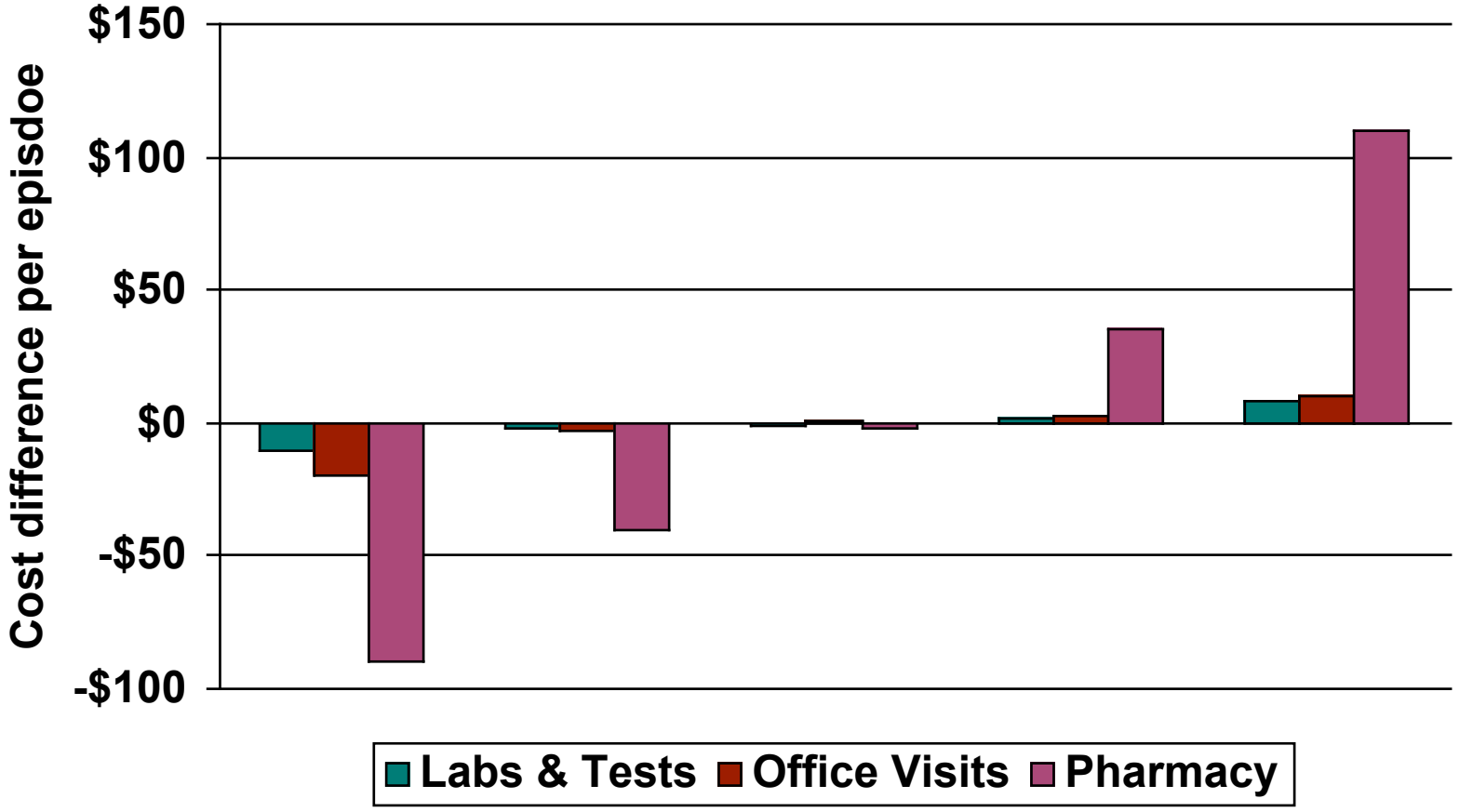
Howard Beckman, M.D.

Robert Greene, M.D.

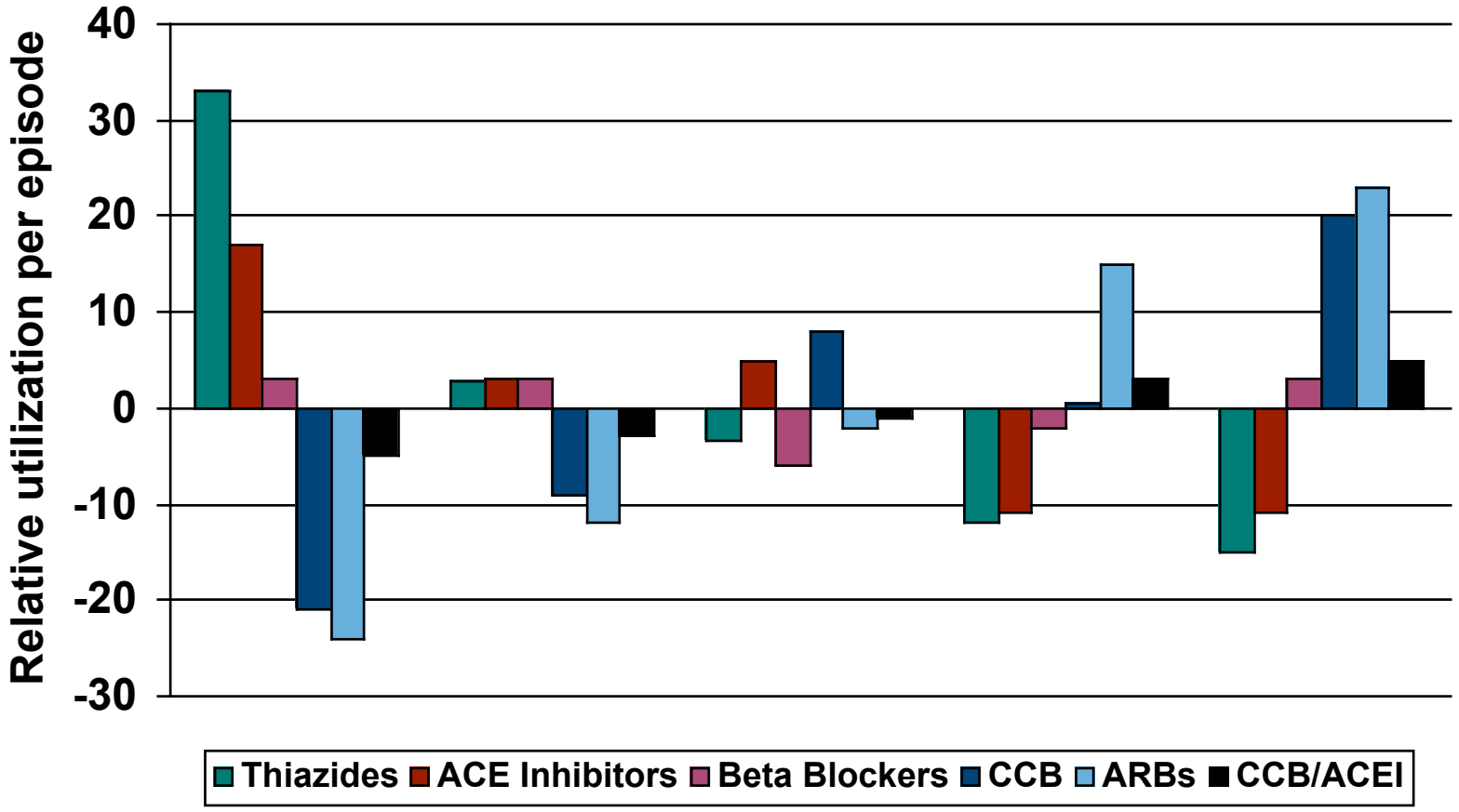
Greatest Variation in Cost of Managing Hypertension Found in Pharmacy



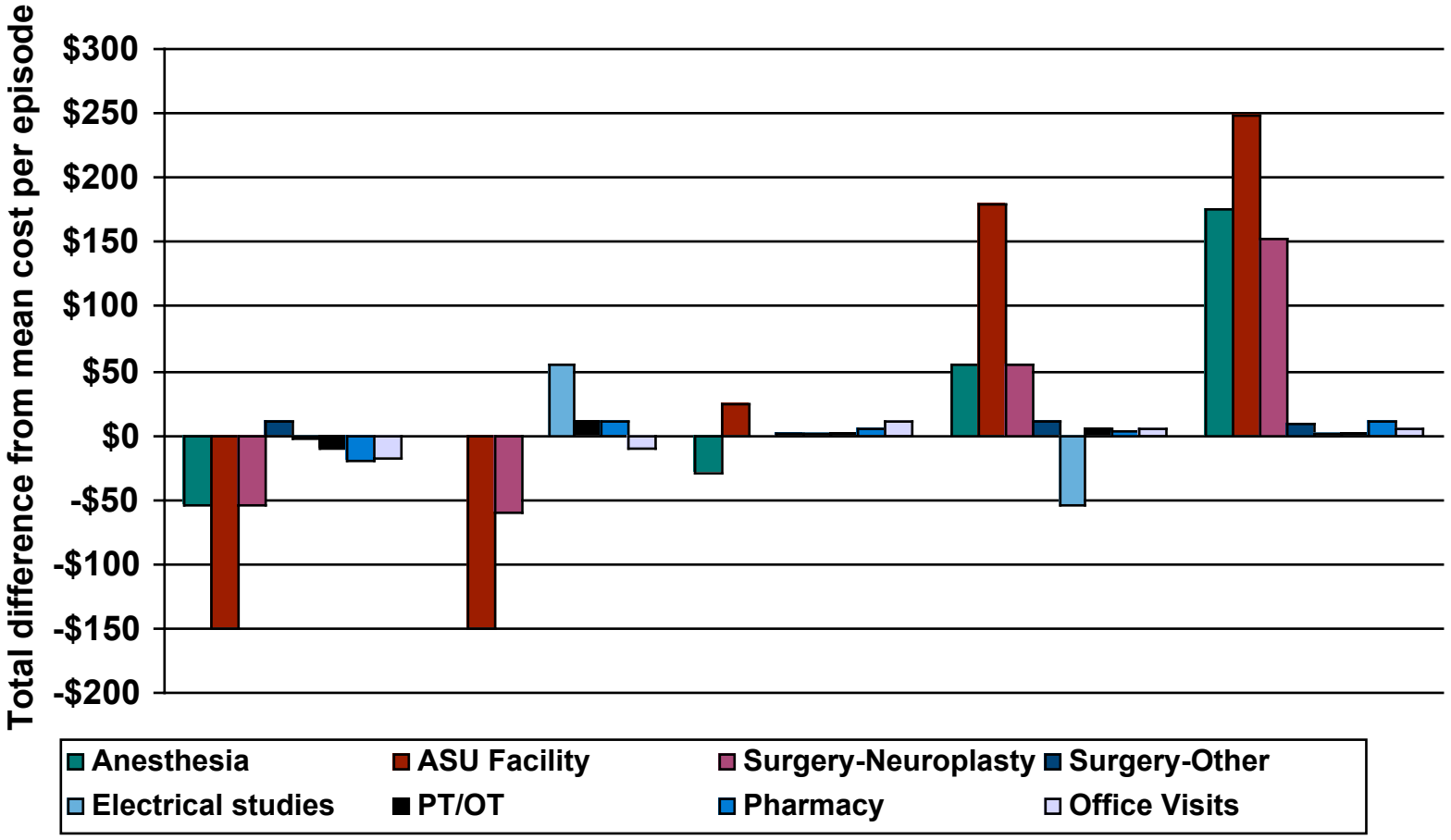
If All Quintiles Adopted Practice Pattern of Quintile 1 Savings Would be $1M/Year



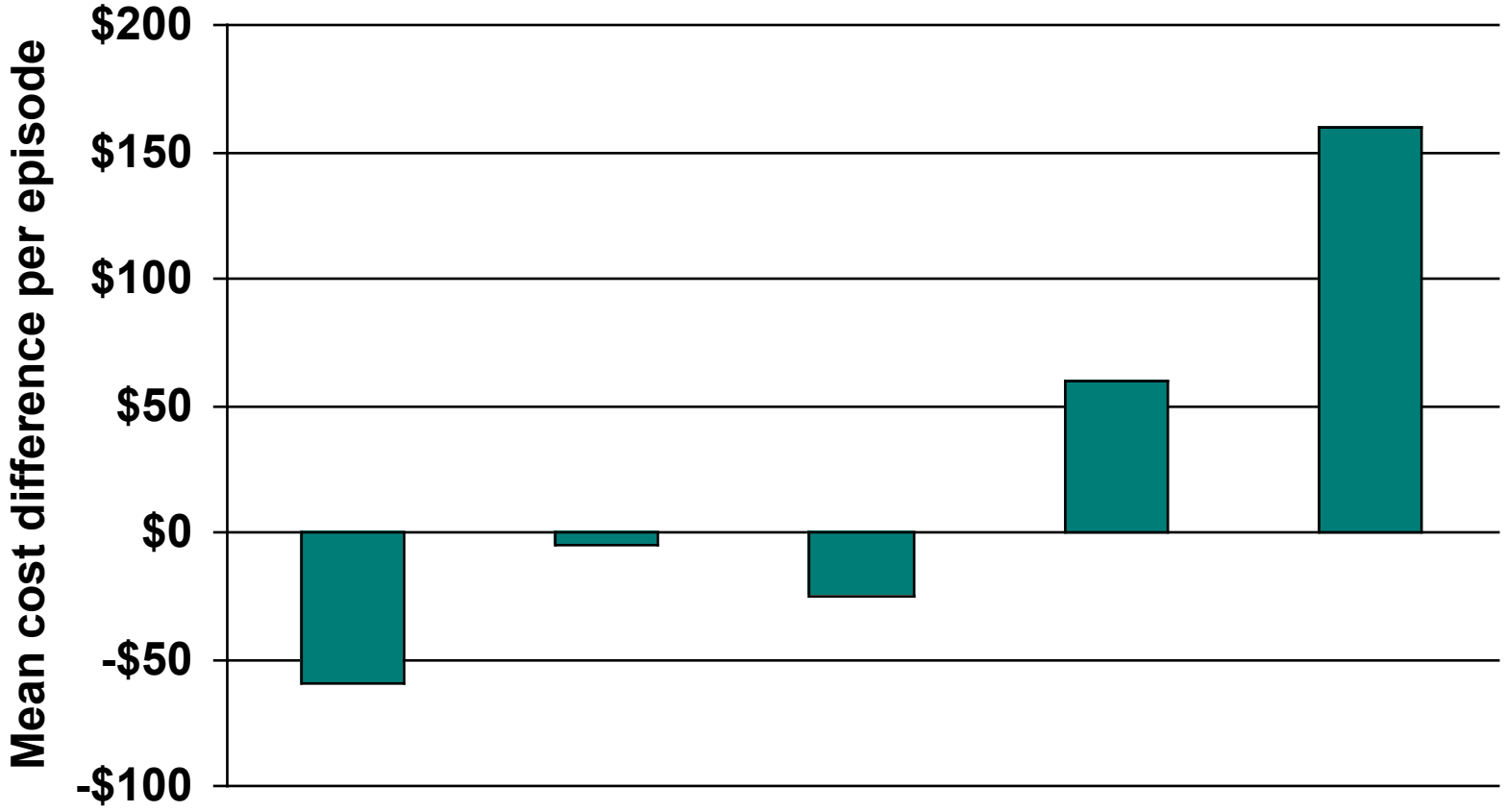
Quintile 1 Demonstrates Prescribing Pattern Consistent with Guidelines



Differences in Cost of Services Provided to Treat Carpal Tunnel Syndrome



Type of Anesthesia Used Explains Difference Between Quintiles 1 and 5



Savings opportunity ranges from $100K to $750 K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